



# CITY OF LONG BEACH

DEPARTMENT OF HEALTH & HUMAN SERVICES

2525 Grand Avenue Room 220 ! Long Beach, CA 90815 ! 562-570-4134 FAX 562-570-4038

ENVIRONMENTAL HEALTH

## LINE CLEARANCE QUESTIONNAIRE

1. LOCATION \_\_\_\_\_ DATE \_\_\_\_\_  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE \_\_\_\_\_
2. CONTRACTOR \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_
3. INCLUDE MAP OF EXISTING/NEW LINES, POINT OF CONNECTION, TOTAL LENGTH OF LINES AND SIZE OF LINES.
4. CONTRACTOR PERFORMING CHLORINATION  
NAME \_\_\_\_\_ PPM \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CONTACT TIME \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ METHOD \_\_\_\_\_
5. FLUSHED LINES: CHLORINE RESIDUAL \_\_\_\_\_
6. HYDROSTATIC TEST: YES \_\_\_\_\_ NO \_\_\_\_\_

## GENERAL INFORMATION

1. **NO LETTER OF APPROVAL WILL BE RELEASED UNTIL ALL LINE CLEARANCE FEES ARE PAID.**
2. FEES: BASE \_\_\_\_\_ + \_\_\_\_\_ PER SAMPLE POINT= \_\_\_\_\_
3. NUMBER OF SAMPLE POINTS TO BE DETERMINED BY LONG BEACH HEALTH DEPT.
4. SAMPLING RISERS PROVIDED BY LBWD, OTHER TYPES MUST BE APPROVED BY HEALTH DEPT PRIOR TO SAMPLING.
5. NO SAMPLING WILL BE TAKEN FRIDAY, WEEKENDS OR HOLIDAYS.
6. SAMPLES WILL BE TAKEN TWO (2) TIMES AT TWENTY-FOUR (24) HOURS APART.
7. THE RESULTS OF BOTH SAMPLE DAYS SHALL BE NEGATIVE FOR E.COLI AND COLIFORM. POSITIVE RESULTS WILL REQUIRE RECHLORINATION AND FLUSHING OF LINES PRIOR TO RETESTING.